P18000042059

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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COVER LETTER

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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	Sunlit	Services in	16.
DOCUMENT NUMBER:	P180	000 42059	
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.	
Please return all correspondence of	concerning this mat	ter to the following:	
	Sho	oan Diaz	
	<u> </u>	Name of Contact Persor	
		Firm/ Company	
	4480	SW 4th St	
		SW 4th St Address Dral Gables F City/ State and Zip Code	-L 33134
_ 		City/ State and Zip Code	:
E-mai	Ohoan • C Taddress: (to be use	.diazegma	notification)
For further information concernin	g this matter, pleas	e call:	
Jhoa	n Diaz	at (786	7520673
Name of Contact I	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Florida Depa	ortment of State:
	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Se Division of Cor P.O. Box 6327	ction	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incor	poration
SINI+ Sen/10	P< INV.
(Name of Corporation as currently f	iled with the Florida Dent of State)
P18000042059	with the Florida Dept. of State
(Document Number of C	ornoration (if known)
	•
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Flatistical Articles of Incorporation:</i>	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3725 West Flagler St-#107 Coral Gables, FL33134
D. If amending the registered agent and/or registered office addres new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida street	address)
11/1/	
New Registered Office Address: // //-	, Florida to (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	AR F
1//1	istered Agent, if changing
Signature of New Reg.	stered Agent, if changing
	STARIE O

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	<i>N/A</i>	
Add		
Remove		
2) Change	<i>N/A</i>	
Add		
Remove	///	
3) Change	<i>N/A</i>	
Add		
Remove		
4) Change	N/A	
Add		
Remove		
51 Change		- -
Add		
Remove		
6) Change	<i>N/A</i>	
Add		
Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	N/A
	W//4
	
	·
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not appretant, matthe sort)	\mathcal{N}/\mathcal{A}
	\mathcal{N}/\mathcal{A}

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated5 / 19/2018	
Signature Mr 15	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Jhoan Diaz	
(Typed or printed name of person signing)	
President	
(Title of person signing)	